

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 2  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Senate Conservatives Fund</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00448696		
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report			<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		
Full Name of Payee <b>Senate Conservatives Fund</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 11 / 2014		
Mailing Address PO Box 388			Amount 1501.10		
City Alexandria		State VA	Zip Code 22313-0388		Transaction ID : E1920B99A71B140B4A92
Purpose of Expenditure IE-Ernst-Online Processing		Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 10 / 11 / 2014	
Name of Federal Candidate Joni K Ernst			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate			District: _____ State: IA		
Calendar Year-To-Date Per Election for Office Sought			216927.45		
Disbursement For: 2014			<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ► General 2014		

  

Full Name of Payee <b>Senate Conservatives Fund</b>			Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 15 / 2014		
Mailing Address PO Box 388			Amount 911.20		
City Alexandria		State VA	Zip Code 22313-0388		Transaction ID : EEC99E2E5FEA447EEA44
Purpose of Expenditure IE-Ernst-Online Processing		Category/Type		Date of Disbursement or Obligation MM / DD / YYYY 10 / 15 / 2014	
Name of Federal Candidate Joni K Ernst			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate			District: _____ State: IA		
Calendar Year-To-Date Per Election for Office Sought			217838.65		
Disbursement For: 2014			<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ► General 2014		

  

(a) SUBTOTAL of Itemized Independent Expenditures.....	2412.30
(b) SUBTOTAL of Unitemized Independent Expenditures .....	
(c) TOTAL Independent Expenditures.....	

  

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Paul Kilgore*  
 Signature

[Electronically Filed]

Date MM / DD / YYYY  
 10 / 17 / 2014

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PAGE	2	OF	2
FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) <b>Senate Conservatives Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00448696	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Envision Printers/Marketing</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 16 / 2014</b>	
Mailing Address <b>2 Riverbend Pkwy</b>		Amount <b>35294.93</b>	
City <b>Leesburg</b>	State <b>VA</b>	Zip Code <b>20176-0000</b>	Transaction ID : <b>EF03EBA9610F74BDE871</b>
Purpose of Expenditure <b>IE-Ernst-Direct Mail Production</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 16 / 2014</b>
Name of Federal Candidate <b>Joni K Ernst</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>IA</b>
Calendar Year-To-Date Per Election for Office Sought <b>253133.58</b>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input checked="" type="checkbox"/> Other (specify) ▶ <b>General 2014</b>	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure		Category/Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>35294.93</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	<b>37707.23</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Paul Kilgore*
*[Electronically Filed]*

Date

MM / DD / YYYY  
**10 / 17 / 2014**

Signature